



COVID-19 VACCINE ATTESTATION

I attest that I am fully vaccinated against COVID-19, and I can produce proof of vaccination if required.

I understand that fully vaccinated means vaccinated by any of the following Health Canada approved vaccines:

- Johnson & Johnson
- Moderna
- Pfizer-BioNTech
- AstraZeneca
- Medicargo
- Novavax

I understand that fully vaccinated means two weeks (14 days) has passed since receiving one-dose of the Johnson & Johnson vaccine or two weeks (14 days) has passed since receiving any other Health Canada approved vaccine.

I declare that I voluntarily disclosed this statement about my vaccination status, and I declare that it is true and accurate. I understand that knowingly providing false information regarding my vaccination status may result in the removal of my participation in the Canadian Surgery Forum (CSF).

I understand that this vaccination policy was made to mitigate risk and ensure the safety of those who participate at the CSF.